CITY AND COUNTY OF HONOLULU DPEATMENT OF PLANNING AND PERMITTING BUILDING DIVISION

APPLICATION FOR THIRD PARTY REVIEWER

This is to request certification as a Third Party Reviewer within the City and County of Honolulu in the following classification(s). Please check the appropriate box(es).

	☐ Building Code (Non Structural)☐ Structural		☐ Electrical ☐ Plumbing/Mechanical		☐ Land Use ☐ Residential Cod	e	
NAME: _							
	Last			First			Middle Initial
ADDRES	SS:						
	Numbe	er	Stre	eet		City	Zip Code
TELEPH	ONE NUMBER:						
			Work		Home or Cell		
EMAIL A	DDRESS:						
Please check the appropriate license:				Professional Archite Professional Engine		☐ Civil ☐ Structural ☐ Mechanical ☐ Electrical	
STATE C	OF HAWAII PROFES	SSIONAL LICE	ENSE	: NO.:			
ICC/ICB(O CERTIFICATIONS	S: □ NO)	☐ YES (If yes,	please	provide copies)	
denied, s If you ans S	u ever had any of the suspended, revoked, swered YES, please tate/County Jurisdic	, or denied ren e provide the fo tion:	ewal ollowi	in another state or ng information:	jurisdi	ction? 🗆 No	□ Yes
Date of Denial/Suspension/Revocation/Non-Renewal: Reason for Denial/Suspension/Revocation/Non-Renewal:							
_							
FDUCAT	TON (College/Unive	rsity).					
	ame of School	Location		Dates Attended		Major	Degree

EXPERIENCE: (List only experience in the specific fields for which certification is requested. Use the supplemental sheet provided or an additional sheet with equivalent information and attach to this application

CONVICTION FOR VIOLATION OF LAW:

		est (nolo conteder	re) to a MISDEMEANOR or FELONY, or is							
there any such charge now ☐ YES		□NO								
*If you answered YES, you must provide the following information. If necessary a separate may be used and attached.										
Nature of Criminal Viol	Nature of Criminal Violation:									
Disposition/Outcome	Date of Criminal Violation:									
Date of Disposition/C	Outcome of C	riminal Violation:	State: State:							
County:		City:	State:							
Court:			_ Case Number:							
performed in your profession ☐ YES	onal capacity [*]	? □ NO	ecessary, a separate sheet may be used and							
attached.	o, piedeo exp									
education and employment re that any misstatements or om registration as a Third Party R	cord, are true issions of mat Reviewer. I also	and correct to the laterial facts may cause o agree that I posse	s application, including those regarding my best of my knowledge. I agree and understand use forfeiture on my part of all rights to ess the required errors and omission insurance atty of Honolulu's Department of Budget and							
	Signatu	ure of Applicant	Date							
Please attache the following v	vhen submittir	ng this application:								
Initial Registration Fee for *Thereafter, Third Party Certiform			PER Reviewer for 2 years. Reviewer: \$1,000.00 PER Reviewer for 2 years.							
2. Submit a copy of your Profe	essional Liabil	ity Insurance (with I	limits not less than \$1,000,000).							
	FOR	BUILDING DIVISION	USE ONLY							
☐ \$500 Registration F	Fee Paid <u>per</u> f	Reviewer								
Check No.		Date:								
□ Received conv of P	rofessional Lia	ahility Insurance								

SUPPLEMENTAL SHEET FOR EXPERIENCE VERIFICATION

EXPERIENCE (List only experience in the specific fields for which certification is requested):

Dates:	From:	Month/Year	_ to	Month/Year	No. of Months:		
Brief Descripti	ion of Proi	ect (Materials, S	ize. etc	.):			
Name of Emp	lover	or (materiale, e	0, 0.0				
Address of En	nplover						
Contact Perso	nployer nn/Phone N	Jumhar:					
Your Title:		Turnocr					
Vour Duties:							
Tour Duties							
-							
EXPERIENCE (List only experience in the specific fields for which certification is requested):							
Dates:	From:		to		No. of Months:		
		Month/Year		Month/Year			
Project Name							
Brief Descripti	ion of Proje	ect (Materials, S	ize etc).			
Name of Emp	lover	or (materiale, e	.20, 0.0	.,			
Address of En	nplover						
Vour Title		Turnocr					
Vour Duties:							
Tour Duties							
-							
EXPERIENCE (List only experience in the specific fields for which certification is requested):							
Dates:	From:		to		No. of Months:		
Dates.	1 10111	Month/Vear	_ 10	Month/Year	No. or Worthis.		
Project Name		Month, real					
Brief Descripti	ion of Proje	ect (Materials, S	ize etc)·			
Address of En	nnlover:						
Contact Porce	npioyer n/Phone N	lumbor:					
Vour Title:	ni/Filone i	Mullibel.					
Your Dution							
Your Duties: _							
-							
EXPERIENCE	E (List only	experience in the	ne spec	ific fields for which	h certification is requested):		
Dates:	From:		_ to		No. of Months:		
		Month/Year		Month/Year			
Project Name							
Brief Descripti	ion of Proi	ect (Materials, S	ize. etc	.):			
Name of Emp	lover:	()	-,	/			
Address of Fn	nplover.						
Address of Employer:Contact Person/Phone Number:							
Your Title:							
Your Duties:							
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